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O/SB/01 (10-01)  
OMB 0651-0032  
DEPARTMENT OF COMMERCE  
control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>	sparta01.019
<b>First Named Inventor</b>	FLAM, et al.
<b>COMPLETE IF KNOWN</b>	
<b>Application Number</b>	10/715,278
<b>Filing Date</b>	11/17/2000
<b>Art Unit</b>	
<b>Examiner Name</b>	

**As the below named Inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## Techniques for reconfiguring configurable systems

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/17/2003 as United States Application Number or PCT International

Application Number 10/715,278 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (If applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for example, information in part

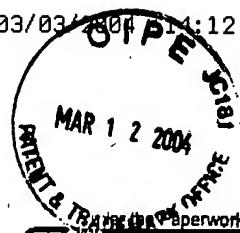
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(1)(A) or (B), or 365(b), of my foreign application No. 10/111,111.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified (YES)	Copy Attached? (NO)
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**International foreign application numbers** are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Page 1 of 21

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2, OMB 0851-0032

T OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label **25247** OR  Correspondence address below

Name: **Gordon E. Nelson, Patent Attorney, PC**

P.O. Box 782

Address: **57 Central Street**

City: <b>Rowley</b>	State: <b>MA</b>	ZIP: <b>01969</b>
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Country: <b>US</b>	Telephone: <b>978-948-7632</b>	Fax: <b>1-867-723-0359</b>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information believed to be true; and further that these statements were made with the knowledge that willful false statements made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may void the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]): <b>Ran J.</b>	Family Name or Surname: <b>FLAM</b>
--	--

Inventor's Signature:	Date: <b>3/3/2004</b>
--------------------------	-----------------------

Residence: City: <b>Port Monmouth</b>	State: <b>NJ</b>	Country: <b>US</b>	Citizenship: <b>JS</b>
---------------------------------------	------------------	--------------------	------------------------

Mailing Address: <b>50 Ravatt Road</b>	City: <b>Port Monmouth</b>
--	----------------------------

State: <b>NJ</b>	ZIP: <b>07758</b>	Country: <b>U</b>
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]): <b>Daniel</b>	Family Name or Surname: <b>KOGAN</b>
--	---

Inventor's Signature:	Date: <b>3/3/2004</b>
--------------------------	-----------------------

Residence: City: <b>North Brunswick</b>	State: <b>NJ</b>	Country: <b>US</b>	Citizenship: <b>JS</b>
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Mailing Address: <b>107 Lisa Place</b>	City: <b>North Brunswick</b>
--	------------------------------

State: <b>NJ</b>	ZIP: <b>08902</b>	Country: <b>U</b>
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Alexander Inventor's Signature:		Family Name or Surname: KOGANOV	
Residence: City: North Brunswick		State: NJ	Country: US
		Citizenship: US	
Mailing Address: 177 Salem Road			
Mailing Address:			
City: North Brunswick		State: NJ	ZIP: 08902
		Country: US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:		Family Name or Surname:	
Inventor's Signature:		Date: 3/8/04	
Residence: City:		State:	Country:
		Citizenship:	
Mailing Address:			
Mailing Address:			
City:		State:	ZIP:
		Country:	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:		Family Name or Surname:	
Inventor's Signature:		Date:	
Residence: City:		State:	Country:
		Citizenship:	
Mailing Address:			
Mailing Address:			
City:		State:	ZIP:
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